Under the Paperwork Reduction Act of ____, no persons are required to respond to a collection of information

	4	j).
	4	•
۸_4	_	/

DECLARATION FOR UTILITY OR DESIGN

OR

PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Att mey D cket Number	er SB1	
First Named Inv nt r	BUONCUORE	
COMPLETE	E IF KNOWN	
Application Number		
Filing Date		
Group Art Unit		
Examiner Name		

My residence, mailing addres	e and citizanehin are se ets	ted helow next to my nan	20	•
	•	•		
I believe I am the original, firs names are listed below) of the				
Harriso are noted below, or an	o oubjook muttor willow to out	mod dire for which a par	on to bought on a	io involucin chadea.
			_	
	RAIL C	AR LID LIFTE	R	
			•	
	(Title of	the Invention)		
the specification of which				
X is attached hereto				
LAL) is attached nereto				
OR	<u> </u>			
was filed on (MM/DD/Y)	YY)	as United St	tates Application !	Number or PCT International
 			<u> </u>	
Application Number	and was	amended on (MM/DD/YY	YY)	(if applicable
<u> </u>				
I hereby state that I have revi			tified specification	, including the claims, as
amended by any amendment	•			
				R 1.56, including for continuation application and the national or
PCT international filing date of	f the continuation-in-part ap	plication.	•	
I hereby claim foreign priority or plant breeder's rights cert	benefits under 35 U.S.C. 1	19(a)-(d) or (f), or 365(b) PCT international applica	of any foreign apation which design	oplication(s) for patent, inventor nated at least one country oth
than the United States of Ar	nerica, listed below and ha	ve also identified below,	by checking the	box, any foreign application f
application on which priority is	s claimed.	or any PCT international	application navin	g a filing date before that of the
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO
		1		لــا لــا

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all corresp	ond nce to: Customer N		1		OR	X Co	prespondence address below
Name EDWARD J, KALISKI							
Address	Address BOX 3661						
City	GREENVILLE			State	DE		ZIP 19807
C untry	USA	Teler	phone 302-		-566 6		Fax302-652-5666
ar believed to be made are punish	that all statements made herein on the true; and further that these state able by fine or imprisonment, or be polication or any patent issued there	tements oth, un	s were made wit	h the k	nowledge t	hat willful	false statements and the like s
NAME OF SC	DLE OR FIRST INVENTOR	: [_	A petition h	as be	en filed f	or this ur	signed inventor
Given Name (first and middle	e juranyi) STEVEN		ł		ily Name urname	BU	ONCUORE
Inventor's Signature	Steven Dreone	w	el				Date 8 /16/01
Residence: City	CARNEYS POINT		State NJ		Country	USA	Citizenship USA
Mailing Address	51 N. DuPont Ro	ad	 			-	
City	Carneys Point		State NJ		ZIP 08	069	Country USA
NAME OF SE	NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature							Date
Residence: City			State		Country		Citizenship
Mailing Address							
City			State		ZIP		Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attach d hereto.							



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number					1
Filing Date	Her	rewi	th		_
First Named Inv nt r	amed invint r Buonchore				
Title	Rail	C ar	Lid	Lifter	
Group Art Unit					
Examiner Name					
Attorney Docket Number					

I hereby appoint:							
	Customer Number		Place Customer Number Bar Code Label here				
	Name	Registra	Registration Number				
	·	rogioti	ation rambol				
	J. Kaliski	28,6	28,622				
business in the United S	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
	Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.						
OR Place Customer Number Bar Code Label here X Firm or							
Firm or Individual Name	A						
Address	Address Box 3661						
Address	Address						
City	Greenville	State DT	Z Zip 19807				
Country	USA						
Telephone	302-652-5666	Fax 302-6	552-5666				
l am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Sto	even Buonouore						
Signature	Signature Stury Diencry 8.						
Date 8/16/0(
NOTE: Signatures of all the inventors or assign es of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*							
□ *Total offorms are submitted.							